



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1219093
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1219093

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

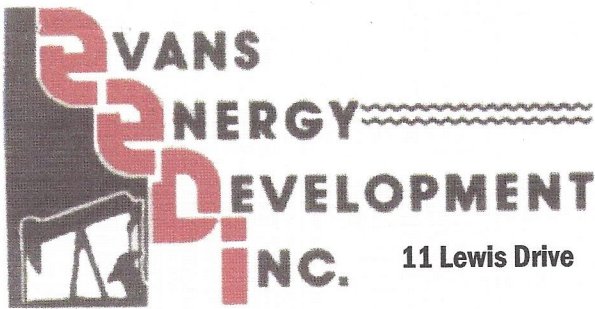
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

D K Oil Services, LLC

Brown #DK 26

API # 15-121-30,348

May 22 - May 23, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	broken lime	5
27	shale	32
3	lime	35
74	shale	109
19	lime	128
9	shale	137
13	lime	150
50	shale	200
9	lime	209
2	shale	211
5	lime	216
8	shale	224
12	lime	236
2	shale	238
12	lime	250
9	shale	259
22	lime	281
4	shale	285
6	lime	291
1	shale	292
7	lime	299 base of the Kansas City
33	shale	332
2	broken sand	334 80% shale 20% green sand, no odor
3	sand	337 grey sand, no odor
3	silty shale	340
61	shale	401
3	limy sand	404 hard green sand, no odor
2	broken sand	406 60% green sand 40% shale
22	shale	428
3	shale	431 red bed
1	shale	432 few thin lime streaks
1	broken sand	433 50% sand 50% limy sand, no show
2	lime	435
1.5	shale	436.5
1	broken sand	437.5 90% brown sand 10% shale ok bleeding
2	limy sand	439.5 hard brown sand, good bleeding
1.5	lime	441
0.5	broken sand	441.5 40% light brown sand 60% shale minimal show

0.5	shale	442
1	limey sand	443 brown, ok bleeding
1	lime	444
10	shale	454
11	lime	465
4	lime	469 oil show
42	shale	511
1	coal	512
7	shale	519
6	lime	525
13	shale	538
3	lime	541 brown, no oil
18	shale	559
3	lime	562
19	shale	581 570 red bed
2	lime	583
16	shale	599
2	silty shale	601
44	shale	645
1	lime & shells	646
14	shale	660 TD

Drilled a 12 1/4" hole to 20.8'

Drilled a 6 3/4" hole to 660'

Set 20.8' of 8 5/8" surface casing cemented with 9 sacks of cement.

Set 465.75' of 4 1/2" threaded and coupled including 3 centralizers, 1 float shoe, 1 clamp

Core Times

	<u>Minutes</u>	<u>Seconds</u>
432	1	29
433	1	50
434	2	3
435		53
436		51
437	1	15
438	1	37
439	2	22
440	1	37
441	1	38
442	3	1
443	2	37
444		38
445		39
446		42
447		48
448		48
449		41
450		45
451		27



CONSOLIDATED
Oil Well Services, LLC

268468

TICKET NUMBER 47202

LOCATION Atama, KS

FOREMAN Casen, Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/23/14		Brown # DK-26	SW 20	17	22	MI

CUSTOMER
DA Energy LLC

MAILING ADDRESS
PO Box 821

CITY
Lee's Summit

STATE
MO

ZIP CODE
64063

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casken	✓ Safety Meeting	
4666	Gardner	✓	
558	MatCoc	✓	
370	Jas Ric	✓	

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 4666' CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 4666' DRILL PIPE _____ TUBING _____ OTHER plug back to 480'

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____

DISPLACEMENT 7.43 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 30 sks 5% Pozmix cement w/ 2% Premium Gel per sk to plug back hole from TD to 480', pulled casing to 4666', mixed + pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 2.5 bbl dye marker, mixed + pumped 8.5 sks 5% Pozmix cement w/ 2% gel per sk, dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 7.43 bbls fresh water, cement to surface, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	25 mi	MILEAGE		105.00
5402	4666'	casing footage		
5407	minimum	tax mileage		368.00
5502C	3 hrs	80 Vac		300.00
1124	115 sks	5% Pozmix cement	1322.50	
118B	393 #	Premium Gel	86.46	
		materials	1408.96	
		- 30%	422.68	
		Subtotal		986.27
440H	1	4 1/2" rubber plug		47.25
		Paid on location		
		Check # 1008 - \$2970.58	3425.60	
		7.65%		

Ravin 3737

AUTHORIZATION *[Signature]*

TITLE _____

DATE _____

SALES TAX 79.05
ESTIMATED TOTAL 2970.58

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.